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9/28/99

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER	Attorney's Docket No: A-378-D5

Serial No. 08/974,186	Filing Date 11/18/97	Examiner Campell, B.	Group Art Unit 1632

In Re Application of OSTEOPROTEGERIN

For Boyle et al.

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

  ☐ One month of original due date ($110.00)
  ☐ Two months of original due date ($380.00)
  ☒ Three months of original due date ($870.00)
  ☐ Four months of original due date ($1,360.00)
  ☐ Five months of original due date ($1,850.00)

☒ A response in connection with the matter for which this extension is requested:

  ☐ is filed herewith.

  ☐ has been filed.

  ☒ The response is the filing of a continuing prosecution application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☐ The accompanying papers include amended claims for which no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	=	x $18	=
Indep. Claims	*	Minus	***	=	x $78	=
☐ First Appearance of a multiple dependent claim					+$260	=
Total Additional Fee for this Amendment						

*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

  ☐ The following other fees are incurred by the accompanying papers.

    ☐ Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of **$870.00**. A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:
US Patent Operations/RBW
Dept. 430, M/S 27-4-A
AMGEN INC.
One Amgen Center Drive
Thousand Oaks, California 91320-1799

Robert B. Winter
Attorney/Agent for Applicant(s)
Registration No.:34,458
Phone: (805) 447-2425
Date: September 15, 1999

EXPRESS MAIL CERTIFICATE

Express Mail mail labeling number: EL198792560US   Date of Deposit: September 16, 1999

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Freddie Craft
    Printed Name

        Signature

PATENT APPLICATION FEE DETERMINATION RECORD
Effective November 10, 1998

Application or Docket Number
8/28/99
08/974186

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐	RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE		380.00	OR		760.00
TOTAL CLAIMS	X$ 9=		OR	X$18=	—
INDEPENDENT CLAIMS	X39=		OR	X78=	—
MULT. DEP.	+130=		OR	+260=	—
	TOTAL		OR	TOTAL	760.00

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 5	Minus	** 20	= —
Independent	* 1	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	—
X39=		OR	X78=	—
+130=		OR	+260=	—
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	—

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 5	Minus	** 20	= —
Independent	* 1	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				—

SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 32	Minus	** 20	= 12
Independent	* 2	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				✓

SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	216
X39=		OR	X78=	
+130=		OR	220 +260=	270
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	486

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.